

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/8/2003-90060-010 \$50.00-\$50.00

FILED

03 SEP -2 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L02000032389



1. Entity Name

ART MARKETPLACE OF DAVIE, L.L.C.

Principal Place of Business
1 S.E. 3RD AVENUE STE. 960
MIAMI FL 33131

Mailing Address
1 S.E. 3RD AVENUE STE. 960
MIAMI FL 33131

2. Principal Place of Business

2198 S University Dr

3. Mailing Address

2198 S University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number
31-1819072

Applied For
 Not Applicable

Zip
33324

Country
USA

Zip
33324

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN PA
1 S.E. 3RD AVENUE STE. 960
MIAMI FL 33131

← Leave this one

7. Name and Address of New Registered Agent

Name Evelyn Lapscher
Street Address (P.O. Box Number is Not Acceptable)
635 Handina Dr
City Weston FL Zip Code 33327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Evelyn Lapscher

7/15

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Manager	Evelyn Lapscher	635 Handina Dr.	Weston, FL 33327	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

[Signature] REQUIRED

7/15

954-389-840

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)

0001369